



**Application - Macomb Urban County
Community Development Block Grant Program**
Due COB December 6, 2007

NAME OF PROPOSAL: _____

Single Community Application:____ Multi-Community Application:____ Identify it / them: _____

APPLICANT INFORMATION:

Applicant Name: _____

Tax ID Number: _____ IRS Tax Exempt? _____ (Enclose IRS Letter)

Address: _____

Contact Person: _____ Telephone: _____

Fax: _____ Email: _____

PROJECT INFORMATION: The following information must be provided and be complete:

Desired CDBG funding: \$ _____ Total Project Cost: \$ _____

Proposal Addresses RFP Objective # _____ Days & Hours of Operation: _____

PROPOSAL DESCRIPTION:

A. Describe all activities to be undertaken. Indicate those to be undertaken with CDBG funds.
Ineligible CDBG projects will not be considered.

B. Describe the project's purpose.

C. BENEFICIARIES:

Identify the area to be served by census tract(s) and block group(s); **or** shade it/them on a map.

Census Tract(s) and Block Group(s):

Identify project beneficiaries by type and number, e.g. LMI families, abused children, elderly persons, severely disabled persons, homeless persons, abused spouses, illiterate adults, migrant farm workers, and persons living with AIDS.

_____ # people / households _____ # LMI people / households _____ Other

Projects must address a national objective. Check the most appropriate:

- _____ a) Proposal directly benefits LMI people.
_____ b) Proposal directly benefits at least 45.7% LMI persons.
_____ c) Proposal serves a limited clientele presumed to be LMI (see above).
_____ d) Proposal addresses slums/blight in community.

D. IMPLEMENTATION SCHEDULE (Assume CDBG fund availability on July 1, 2008)

Start: _____ Engineering (if applicable): _____
Bidding (if applicable): _____ Contract Signed (if applicable): _____
Construction/Implementation: _____ Completion: _____

E. BUDGET (List all projected funding. Be sure that the total is same as that presented on page 1.)

Funding Source	Amount of Funding	\$\$\$ Committed? (Y/N)
Requested CDBG	\$	N/A
CDBG Funds from Prior Years (Include project name and #)	\$	
•	•	•
•	•	•
•	•	•
•	•	•
Community Resources (Identify)	\$	
•	•	•
•	•	•
•	•	•
•	•	•
Other Public Resources (Identify)	\$	
•	•	•
•	•	•
•	•	•
•	•	•
Private Resources	\$	
•	•	•
•	•	•
•	•	•
•	•	•
Total Project Costs	\$	

SIGNATURE OF AUTHORIZED OFFICIAL

Signature: _____ Date_____

Typed Name & Title: _____

I am authorized to sign this application on behalf of (applicant)_____ and certify that its contents are, to the best of my knowledge, true and accurate. I understand that the willful submission of false or misleading information will result in a disqualification of this application and a denial of CDBG funding.

STATE OF MICHIGAN, MACOMB COUNTY ss:

The foregoing instrument was acknowledged before me this _____ (date) _____, 2007

By _____

Notary Public
State of Michigan
County of Macomb

My Commission Expires _____

Acting in the County of Macomb